

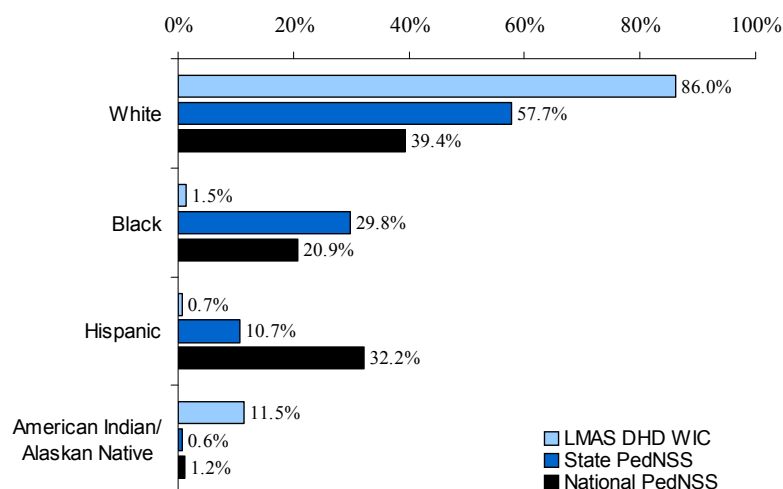
2003 WIC Local Agency Pediatric Nutrition Surveillance System (PedNSS) Report

The goal of Michigan WIC is to improve the health outcome of low income nutritionally at-risk women and children by providing supplemental nutritious foods, offering nutrition education/counseling, breastfeeding support, and referral to other health and social services. This report is developed to provide specific local information regarding the health and nutritional status of WIC participants. In order to provide local statistics stratified by age and race/ethnicity, three-year averages were calculated for each health indicator. Consequently, point estimates represent the incidence or prevalence of an indicator between the years 2001 and 2003. Trends were constructed using rolling averages and cover the period between 1998 and 2003.

Luce, Mackinac, Alger, and Schoolcraft counties had a combined population of 37,732 residents according to 2000 Census data. Of the 1,848 infants and children under the age of five years old living in the area (4.9% of the total population), 17.0% lived below poverty. Luce-Mackinac-Alger-Schoolcraft District Health Department (LMAS DHD) provides WIC services to the four-county area. Approximately 1,040 of infants and children under five years old in Michigan WIC in 2003 were served by LMAS DHD. Information about infants and children participants of LMAS DHD WIC, revealed:

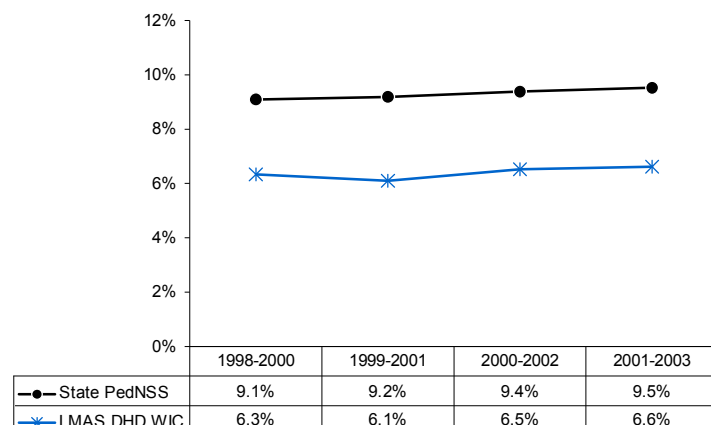
- 6.6% of all infants were low birthweight infants;
- One in ten infants (10.9%) were high birthweight infants;
- 5.4% of infants and children under the age of two years old and 4.4% of children two to five years old were short in stature;
- One in twenty infants and children under five years old (5.4%) were underweight;
- 37.2% of children two to five years old were either overweight or at risk of overweight;
- One in ten infants and children under the age of two years old (10.5%) had iron deficiency anemia;
- The prevalence of infants ever breastfed was 48.1%.

Figure 1. **Racial/ethnic distribution** among infants and children under five years old, 2001-2003 PedNSS



Although the majority of LMAS DHD WIC infants and children were non-Hispanic White, a sizeable portion of the population (11.5%) were American Indian / Alaskan Native.

Figure 2. Trend in **low birthweight*** by race/ethnicity among infants in the LMAS DHD WIC Agency, 1998-2003 MI PedNSS



*Low birthweight is defined as having a birthweight less than 2500 grams (5lbs 9 oz) regardless of gestational age.

The incidence of low birthweight among LMAS DHD WIC infants was consistently lower than the state incidence.

The trend in infants ever breastfed declined among American Indian/Alaskan Native infants of LMAS DHD by an average of 5.0% per year since 1998.

Figure 3. Trend in **ever breastfed** by race/ethnicity among infants in the LMAS DHD WIC Agency, 1998-2003 PedNSS

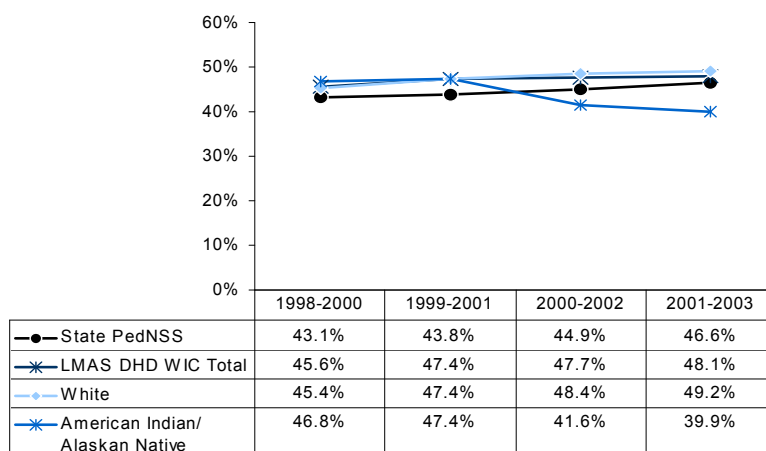
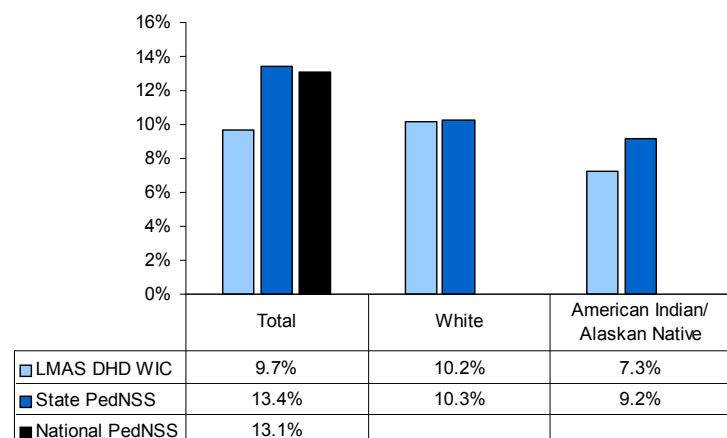


Figure 4. Average prevalence of **iron deficiency anemia*** by race/ethnicity among infants and children under five years old, 2001-2003 PedNSS

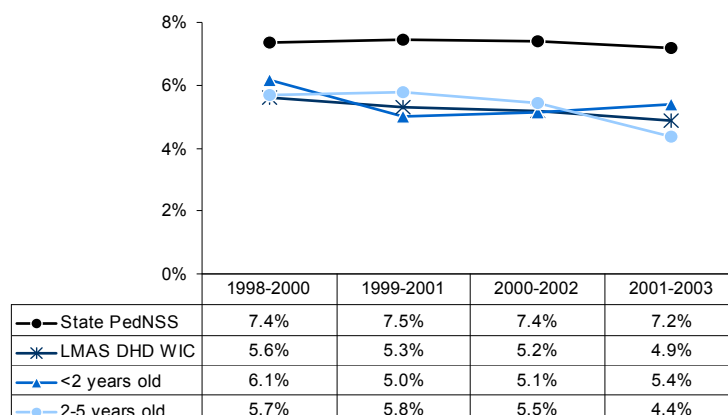


*For infants under the age of one year, iron deficiency anemia is defined as having either a hemoglobin concentration of 11.0 g/dL or a hematocrit level of less than 33%. For children two to five years old, iron deficiency anemia is defined as having either a hemoglobin concentration less than 11.1 g/dL or a hematocrit level below 33.3%.

The prevalence of iron deficiency anemia was higher among White infants and children of LMAS DHD WIC compared to their American Indian/Alaskan Native peers.

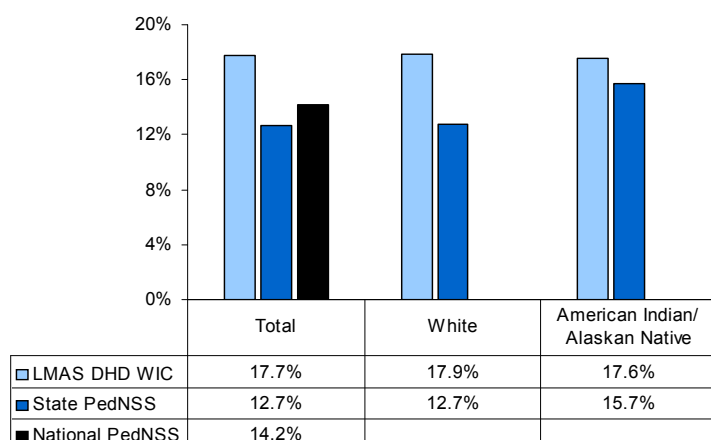
Only among American Indian/Alaskan Native infants and children of LMAS DHD was there a decline in the prevalence of short stature: average annual decline was 5.0% per year.

Figure 5. Trend in **short stature*** by age group among infants and children under five years old, 1998-2003 MI PedNSS



*Short stature is defined as having a height-for-age below the 5th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

Figure 6. Average prevalence of **overweight*** by race/ethnicity among children two to five years old, 2001-2003 PedNSS

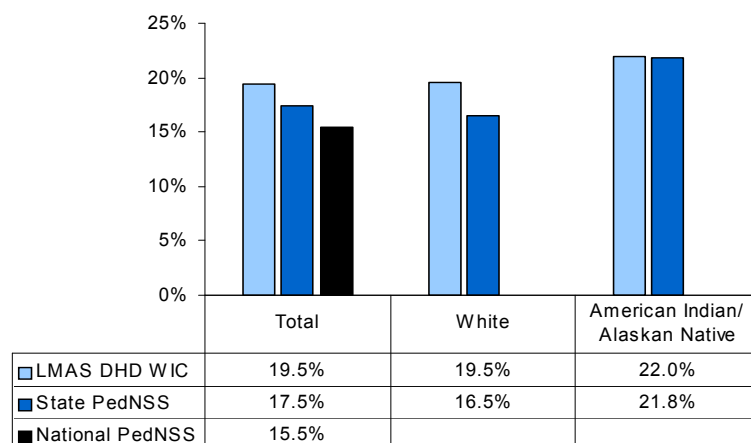


*Overweight is defined as having a weight-for-height greater than the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

Both White and American Indian/Alaskan Native infants of LMAS DHD WIC had prevalence of overweight higher than their state peers.

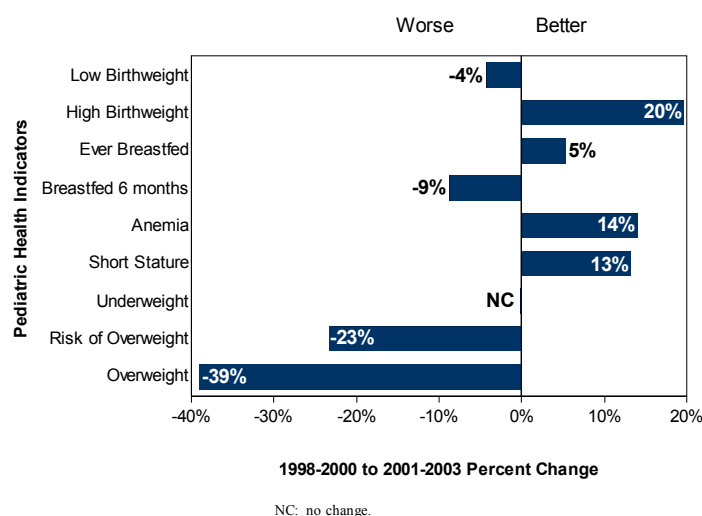
Just like the prevalence of overweight, White and American Indian/Alaskan Native children of LMAS DHD WIC had prevalence of risk of overweight greater than that of their state peers.

Figure 7. Average prevalence of **risk of overweight*** by race/ethnicity among children two to five years old, 2001-2003 PedNSS



*Risk of overweight is defined as having a weight-for-height between the 85th and the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

Figure 8. Pediatric **health progress review** for LMAS DHD WIC infants and children under five years old, 1998-2000 and 2001-2003 MI PedNSS



Improvement should focus on reducing the prevalence of risk of overweight and overweight among infants and children of LMAS DHD WIC.



Jennifer M. Granholm, Governor

Janet Olszewski, Director

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Michigan Department of Community Health

WIC Program

Mission Statement

The mission of the Michigan WIC program is to improve the health outcomes and quality of life for eligible women, infants, and children by providing nutritious food, nutrition education, breastfeeding promotion, and support and referrals to health and other services. To this end:

- Delivery of services and supports are to be provided in a caring, respectful, efficient, and cost effective manner.
- Delivery of services shall be provided in a culturally competent and confidential manner.
- The WIC Program shall assure the broadest possible access to services, supports, and food.